

LOUISIANA  
ETHICS ADMINISTRATION  
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**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT**

ORIGINAL REPORT

AMENDED REPORT

THIS REPORT COVERS CALENDAR YEAR: 2011

I CURRENTLY HOLD AN OFFICE THAT WOULD REQUIRE ME TO FILE A TIER 3 PERSONAL FINANCIAL DISCLOSURE STATEMENT. AS SUCH, I HAVE COMPLETED SCHEDULE E.

NAME OF FILER (PRINT FULL NAME) JAMES WALTER MOORE, JR.

ADDRESS 3006 RIVER OAKS DRIVE

CITY, STATE, ZIP MONROE, LOUISIANA 71201

NAME OF SPOUSE (PRINT FULL NAME) CAROL LYNN WILSON MOORE

SPOUSE'S OCCUPATION \_\_\_\_\_

PRINCIPAL BUSINESS ADDRESS \_\_\_\_\_

NAME OF BOARD/COMMISSION (NO ABBREVIATIONS) LOUISIANA STATE UNIVERSITY SYSTEM BOARD OF SUPERVISOR

DATE OF APPOINTMENT: 7/01/2008

DATE APPOINTMENT EXPIRES: 6/01/2014

**CHECK ONE:**

- Neither I, nor any member of my immediate family, has a personal or financial interest in any entity, contract, or business, or a personal or financial relationship, that in any way poses a conflict of interest, which would affect the impartial performance of my duties.
- I have attached a statement describing any conflicts, and actions I am taking to resolve or avoid the conflicts.

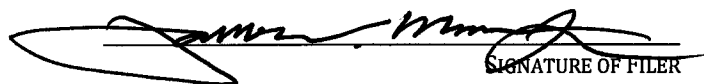
**CHECK ALL THAT APPLY:**

- I have filed my STATE INCOME TAX RETURN for the previous year.
- I have filed for an extension of my STATE INCOME TAX RETURN for the previous year.
- I have filed my FEDERAL INCOME TAX RETURN for the previous year.
- I have filed for an extension of my FEDERAL INCOME TAX RETURN for the previous year.

**NOTE: La. R.S. 42:1124.2.1 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.**

**CERTIFICATION OF ACCURACY**

I do hereby certify that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge and belief.

  
SIGNATURE OF FILER

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**SCHEDULE A: EMPLOYMENT INFORMATION**

FILER     SPOUSE                       FULL-TIME     PART-TIME

NAME OF EMPLOYER: MOORE INVESTMENTS OF LOUISIANA, LLC

JOB TITLE: PRESIDENT / MEMBER

JOB DESCRIPTION: INVESTMENTS

FILER     SPOUSE                       FULL-TIME     PART-TIME

NAME OF EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_

FILER     SPOUSE                       FULL-TIME     PART-TIME

NAME OF EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_

FILER     SPOUSE                       FULL-TIME     PART-TIME

NAME OF EMPLOYER: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

JOB DESCRIPTION: \_\_\_\_\_

- You are required to disclose on SCHEDULE A employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

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**SCHEDULE B: INCOME FROM THE STATE, POLITICAL SUBDIVISIONS, AND/OR GAMING INTERESTS**

FILER    SPOUSE    BUSINESS (WHERE AMOUNT OF INTEREST EXCEEDS 10%)  
TYPE OF INCOME:    STATE    POLITICAL SUBDIVISION    GAMING INTEREST  
NAME OF BUSINESS (IF APPLICABLE): MOORE OZL COMPANY / SHREVEPORT BUZZARD  
NAME OF INCOME SOURCE: STATE OF LOUISIANA - DEPARTMENT OF LABOR  
ADDRESS: 2900 HOWELL STREET  
CITY, STATE, ZIP: SHREVEPORT, LA 71133  
AMOUNT OF INCOME (EXACT DOLLAR AMOUNT): \$ 105,761.04 / YR

FILER    SPOUSE    BUSINESS (WHERE AMOUNT OF INTEREST EXCEEDS 10%)  
TYPE OF INCOME:    STATE    POLITICAL SUBDIVISION    GAMING INTEREST  
NAME OF BUSINESS (IF APPLICABLE): \_\_\_\_\_  
NAME OF INCOME SOURCE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
AMOUNT OF INCOME (EXACT DOLLAR AMOUNT): \$ \_\_\_\_\_

FILER    SPOUSE    BUSINESS (WHERE AMOUNT OF INTEREST EXCEEDS 10%)  
TYPE OF INCOME:    STATE    POLITICAL SUBDIVISION    GAMING INTEREST  
NAME OF BUSINESS (IF APPLICABLE): \_\_\_\_\_  
NAME OF INCOME SOURCE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
AMOUNT OF INCOME (EXACT DOLLAR AMOUNT): \$ \_\_\_\_\_

FILER    SPOUSE    BUSINESS (WHERE AMOUNT OF INTEREST EXCEEDS 10%)  
TYPE OF INCOME:    STATE    POLITICAL SUBDIVISION    GAMING INTEREST  
NAME OF BUSINESS (IF APPLICABLE): \_\_\_\_\_  
NAME OF INCOME SOURCE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
AMOUNT OF INCOME (EXACT DOLLAR AMOUNT): \$ \_\_\_\_\_

\* You are required to complete SCHEDULE B if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

\* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

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**SCHEDULE C: POSITIONS - BUSINESS**

FILER    SPOUSE    BOTH  
AMOUNT OF INTEREST (AMOUNT EXCEEDS 10%): 100 %  
NAME OF BUSINESS: JAMES W MOORE JR PROPERTIES, INC.  
ADDRESS: P.O. Box 4947  
CITY, STATE, ZIP: MONROE, LA 71211-4947  
BUSINESS DESCRIPTION: INVESTMENTS  
NATURE OF ASSOCIATION: CEO - PRESIDENT

FILER    SPOUSE    BOTH  
AMOUNT OF INTEREST (AMOUNT EXCEEDS 10%): 49.25 %  
NAME OF BUSINESS: MOORE INVESTMENTS OF LOUISIANA, LLC  
ADDRESS: P.O. Box 4947  
CITY, STATE, ZIP: MONROE, LA 71211-4947  
BUSINESS DESCRIPTION: INVESTMENTS - REAL ESTATE  
NATURE OF ASSOCIATION: MEMBER

FILER    SPOUSE    BOTH  
AMOUNT OF INTEREST (AMOUNT EXCEEDS 10%): 49.25 %  
NAME OF BUSINESS: MOORE INVESTMENTS OF LOUISIANA, LLC  
ADDRESS: P.O. Box 4947  
CITY, STATE, ZIP: MONROE, LA 71211-4947  
BUSINESS DESCRIPTION: INVESTMENTS - REAL ESTATE  
NATURE OF ASSOCIATION: MEMBER

FILER    SPOUSE    BOTH  
AMOUNT OF INTEREST (AMOUNT EXCEEDS 10%): 100 % NAME OF BUSINESS:  
JWM PROPERTIES, LLC  
ADDRESS: P.O. Box 4947  
CITY, STATE, ZIP: MONROE, LA 71211-4947  
BUSINESS DESCRIPTION: INVESTMENTS - REAL ESTATE  
NATURE OF ASSOCIATION: MEMBER

\* You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business OR if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

\* "BUSINESS" MEANS any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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**SCHEDULE C: POSITIONS - BUSINESS**

FILER    SPOUSE    BOTH  
AMOUNT OF INTEREST (AMOUNT EXCEEDS 10%): 48.50 %  
NAME OF BUSINESS: JAMES W. MOORE JR FAMILY INVESTMENTS, LLC  
ADDRESS: P.O. Box 4947  
CITY, STATE, ZIP: MONROE, LA 71211-4947  
BUSINESS DESCRIPTION: REAL ESTATE + HOTEL INVESTMENTS  
NATURE OF ASSOCIATION: MEMBER

FILER    SPOUSE    BOTH  
AMOUNT OF INTEREST (AMOUNT EXCEEDS 10%): 48.50 %  
NAME OF BUSINESS: JAMES W. MOORE JR. FAMILY INVESTMENTS, LLC  
ADDRESS: P.O. Box 4947  
CITY, STATE, ZIP: MONROE, LA 71211-4947  
BUSINESS DESCRIPTION: REAL ESTATE + HOTEL INVESTMENTS  
NATURE OF ASSOCIATION: MEMBER

FILER    SPOUSE    BOTH  
AMOUNT OF INTEREST (AMOUNT EXCEEDS 10%): 1 %  
NAME OF BUSINESS: MOORE FAMILY LIMITED PARTNERSHIP  
ADDRESS: P.O. Box 4947  
CITY, STATE, ZIP: MONROE, LA 71211-4947  
BUSINESS DESCRIPTION: REAL ESTATE + HOTEL INVESTMENTS  
NATURE OF ASSOCIATION: GENERAL PARTNER

FILER    SPOUSE    BOTH  
AMOUNT OF INTEREST (AMOUNT EXCEEDS 10%): 1 % NAME OF BUSINESS:  
MOORE FAMILY LIMITED PARTNERSHIP  
ADDRESS: P.O. Box 4947  
CITY, STATE, ZIP: MONROE, LA 71211-4947  
BUSINESS DESCRIPTION: REAL ESTATE + HOTEL INVESTMENTS  
NATURE OF ASSOCIATION: GENERAL PARTNER

\* You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business OR if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

\* "BUSINESS" MEANS any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

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**SCHEDULE C: POSITIONS - BUSINESS**

FILER    SPOUSE    BOTH  
AMOUNT OF INTEREST (AMOUNT EXCEEDS 10%): \_\_\_\_\_ %  
NAME OF BUSINESS: SEE SCHEDULE ATTACHED  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
BUSINESS DESCRIPTION: HOTEL INVESTMENTS  
NATURE OF ASSOCIATION: MEMBER

FILER    SPOUSE    BOTH  
AMOUNT OF INTEREST (AMOUNT EXCEEDS 10%): \_\_\_\_\_ %  
NAME OF BUSINESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
BUSINESS DESCRIPTION: \_\_\_\_\_  
NATURE OF ASSOCIATION: \_\_\_\_\_

FILER    SPOUSE    BOTH  
AMOUNT OF INTEREST (AMOUNT EXCEEDS 10%): \_\_\_\_\_ %  
NAME OF BUSINESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
BUSINESS DESCRIPTION: \_\_\_\_\_  
NATURE OF ASSOCIATION: \_\_\_\_\_

FILER    SPOUSE    BOTH  
AMOUNT OF INTEREST (AMOUNT EXCEEDS 10%): \_\_\_\_\_ % NAME OF BUSINESS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
BUSINESS DESCRIPTION: \_\_\_\_\_  
NATURE OF ASSOCIATION: \_\_\_\_\_

\* You are required to complete SCHEDULE C if you or your spouse is a director, officer, owner, partner, member, or trustee of a business OR if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

\* "BUSINESS" MEANS any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.



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**SCHEDULE D: POSITIONS – NONPROFIT**

FILER    SPOUSE

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NATURE OF ASSOCIATION: \_\_\_\_\_

DESCRIPTION OF ORGANIZATION: \_\_\_\_\_

\_\_\_\_\_

FILER    SPOUSE

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NATURE OF ASSOCIATION: \_\_\_\_\_

DESCRIPTION OF ORGANIZATION: \_\_\_\_\_

\_\_\_\_\_

FILER    SPOUSE

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NATURE OF ASSOCIATION: \_\_\_\_\_

DESCRIPTION OF ORGANIZATION: \_\_\_\_\_

\_\_\_\_\_

FILER    SPOUSE

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

NATURE OF ASSOCIATION: \_\_\_\_\_

DESCRIPTION OF ORGANIZATION: \_\_\_\_\_

\_\_\_\_\_

**\*You are required to complete SCHEDULE D if you or your spouse is a director or officer of a nonprofit agency.**



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**SCHEDULE E: OTHER OFFICES/POSITIONS HELD**

NAME OF OFFICE/POSITION: \_\_\_\_\_

NAME OF OFFICE/POSITION: \_\_\_\_\_

NAME OF OFFICE/POSITION: \_\_\_\_\_

NAME OF OFFICE/POSITION: \_\_\_\_\_

NAME OF OFFICE/POSITION: \_\_\_\_\_

NAME OF OFFICE/POSITION: \_\_\_\_\_

NAME OF OFFICE/POSITION: \_\_\_\_\_

NAME OF OFFICE/POSITION: \_\_\_\_\_

**\*You are required to complete SCHEDULE E if you hold any other office or position which would require you to file a personal financial disclosure statement under Section 1124.3.**

**\* "PUBLIC OFFICE" MEANS any state, parish, municipal, ward, district, or other office or position that is filled by election of the voters.**

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**SCHEDULE F: CONTRIBUTIONS** (MADE WITHIN ONE YEAR OF EMPLOYMENT- IN EXCESS OF \$1,000)

DATE OF EMPLOYMENT: 7/1/2008  
SALARY: \$ -0-  
CANDIDATE NAME: BOBBY J. NOEL  
AMOUNT OF CONTRIBUTION AND/OR LOAN: \$ \$5,000.00

DATE OF EMPLOYMENT: \_\_\_\_\_  
SALARY: \$ \_\_\_\_\_  
CANDIDATE NAME: \_\_\_\_\_  
AMOUNT OF CONTRIBUTION AND/OR LOAN: \$ \_\_\_\_\_

DATE OF EMPLOYMENT: \_\_\_\_\_  
SALARY: \$ \_\_\_\_\_  
CANDIDATE NAME: \_\_\_\_\_  
AMOUNT OF CONTRIBUTION AND/OR LOAN: \$ \_\_\_\_\_

DATE OF EMPLOYMENT: \_\_\_\_\_  
SALARY: \$ \_\_\_\_\_  
CANDIDATE NAME: \_\_\_\_\_  
AMOUNT OF CONTRIBUTION AND/OR LOAN: \$ \_\_\_\_\_

DATE OF EMPLOYMENT: \_\_\_\_\_  
SALARY: \$ \_\_\_\_\_  
CANDIDATE NAME: \_\_\_\_\_  
AMOUNT OF CONTRIBUTION AND/OR LOAN: \$ \_\_\_\_\_

- \* You are required to complete SCHEDULE F if you are directly employed by a *statewide elected official* to serve as an agency head AND you made a contribution in excess of \$1,000 to the campaign of the official who employed you.
- \* You are only required to disclose contributions or loans made within one year of employment or appointment.
- \* "CANDIDATE" MEANS a person who seeks nomination or election to public office, except the office of president or vice president of the United States, presidential elector, delegate to a political party convention, United States senator, United States congressman, or political party office.
- \* "PUBLIC OFFICE" MEANS any state, parish, municipal, ward, district, or other office or position that is filled by election of the voters, except the president or vice president of the United States, presidential elector, delegate to the political party convention, U.S. Senator, U.S. Congressman, or a political party office.
- \* "CONTRIBUTION" MEANS a gift, conveyance, payment, or deposit of money or anything of value, or the forgiveness of a loan or of a debt, made for the purpose of supporting, opposing, or otherwise influencing the nomination or election of a person to public office, whether made before or after the election.
- \* "LOAN" MEANS a transfer of money, property, or anything of value in exchange for obligation to repay in whole or in part, made for the purpose of supporting, opposing, or otherwise influencing the nomination for election, or election, of any person to public office.